

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9004-AG10-0104-010

IN THE MATTER OF:

Bradley Sparks
Agent / Respondent

6942 E. Buckhorn Trl.
Scottsdale, AZ 85266

Type of Agency Action: Enforcement

Indiana Insurance License No.:553716

FILED

MAR 05 2010

STATE OF INDIANA
DEPT. OF INSURANCE

ADMINISTRATIVE ORDER
NOTICE OF NONRENEWAL OF LICENSE

The Indiana Department of Insurance, pursuant to the Indiana Administrative Act, Indiana Code 4-21.5-1 et seq. and Indiana Code § 27-1-15.6-12, hereby gives notice to Bradley Sparks, (“Respondent”) of the following Administrative Order:

1. Indiana Code § 27-1-15.6-12(b) provides that “The commissioner may levy a civil penalty, place an insurance producer on probation, suspend an insurance producer’s license, revoke and insurance producer’s license for a period of years, permanently revoke an insurance producer’s license, or refuse to issue or renew an insurance producer license, or take any combination of these actions, ...”.

2. Indiana Code § 27-1-15.6-12(d) provides that when the Commissioner refuses to renew a license, the Commissioner shall notify the Respondent, in writing, of the reasons for the nonrenewal.

3. Respondent Bradley Sparks is a resident of Arizona holding a non-resident insurance producer license in Indiana, license number 553716.

4. Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code § 27-1-15.8 *et seq.* and is therefore bound by all requirements and restrictions contained therein.

5. Indiana Code § 27-1-15.8-4(c) requires licensed surplus lines producers to file a semi-annual tax report with the Department no later than the first of each fiscal quarter of each year.

6. Respondent was first notified of her violation via a Statement of Charges and Notice of Hearing sent on January 15, 2010 in regards to a violation of Indiana Code § 27-1-15.8-4(c) for the previous semi-annual tax report deadline.

7. On January 28, 2010, Respondent signed for a Certified letter containing the above mentioned Statement of Charges and Notice of Hearing (Exhibit A)

8. On February 12, 2010 the Department called the numbers that were on file for Respondent and none of them were valid contact numbers for him.

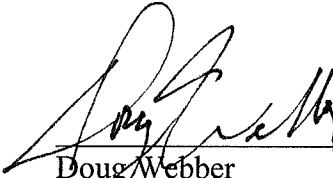
9. As of this date, the Department has not been able to get into contact with Respondent and Respondent is still in violation of Indiana Code § 27-1-15.8-4(c).

WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **Respondent's license shall not be renewed.**

WHEREFORE, the Commissioner further notifies Respondent that pursuant to Indiana Code § 27-1-15.6-12(d), within sixty (60) days of receiving this Notice, Respondent may make a written demand upon the Commissioner for a hearing to determine the reasonableness of this

action. Such a hearing shall be held within thirty (30) days from the date of receipt of Respondent's written demand.

March 5, 2016
Date Signed



Doug Webber
Acting Commissioner
Indiana Department of Insurance

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>[Signature]</i></p> <p>B. Received by (Printed Name) KARINA POC</p> <p>C. Date of Delivery JAN 28 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Bradley Sparks 6942 E. Buekhorn Trl Scottsdale, AZ 85266</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Description (If Restricted Delivery is desired, attach Restricted Delivery label)</p> <p>PS F</p>		<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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EXHIBIT